

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045821

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 302

FILED JAN 3 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

C. L. D. H. A. M. D.

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	
Length of stay in 1b <b>13 years</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1008 N. Jefferson</b>	
Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>V.</b> Last <b>YAEGER</b>		4. DATE OF DEATH Month <b>December</b> Day <b>27</b> Year <b>1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/7/1879</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Commission Business</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (City and state or country) <b>Huntingberg, Indiana</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Fred Yaeger</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Mine</b>	
14. NAME OF HUSBAND OR WIFE <b>Arloie A. Yaeger, Dec'd</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT Address <b>Charles Joseph Yaeger - Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>May 6 1957</b> to <b>Dec 27 1962</b> and last saw him alive on <b>Dec 27 1962</b>		Death occurred at <b>7:20 P. M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Ch. Yaeger</b> (Degree or title)		22b. ADDRESS <b>Mexico Mo</b>	
22c. DATE SIGNED <b>12/29/62</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>12/29/1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Mexico, Mo.</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Arnold Funeral Home - Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 29-1962</b>	
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			

JAN 7 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harrold E. Hayes

Licensed Embalmer No. 4890

P. O. Address Maple, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.